

IOWA DEPARTMENT OF PUBLIC HEALTH • BUREAU OF DISEASE PREVENTION AND IMMUNIZATION



IOWA  
Immunization Program

# Immunization Update

The Iowa Immunization Program Newsletter

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September 2007

Volume I, Issue 6

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**Iowa's  
Immunization  
Registry Information  
System (IRIS)  
Enroll Today!**

**Call the IRIS  
Help Desk at  
1-800-374-3958  
for Enrollment Details or  
IRIS Questions.**

To be added to this newsletter mailing list please e-mail  
[bkonz@idph.state.ia.us](mailto:bkonz@idph.state.ia.us) with your  
contact information.

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Health care workers (HCW) can spread the highly contagious influenza virus to patients in their care. Influenza kills an average of 36,000 persons, 90 percent of whom are elderly, and hospitalizes over 114,000 in the U.S. annually.

Unvaccinated HCW can be a key cause of outbreaks in health care settings. These employees encounter high-risk patients throughout the influenza season in medical practices, general hospitals, specialty hospitals, long-term care and rehabilitation facilities, home-care sites and other health care settings.

CDC recommends **all personnel (including volunteers) in hospitals, outpatient, and home-health settings who have any patient contact receive the influenza vaccine each fall** to prevent transmission of influenza.

Trivalent inactivated influenza vaccine (TIV) is preferred over live attenuated influenza vaccine (LAIV) for HCW who are in close contact with severely immunosuppressed persons when patients require a protective environment (e.g., stem cell transplant patients).

To assist in your facility's efforts to increase influenza vaccination among HCW, IDPH has posters and print materials you may order free of charge or download from the IDPH flu Web page (*see page four for ordering information for IDPH program print materials*).

Additionally, the CDC and American Lung Association have comprehensive influenza campaign materials that can be used at your facility at no charge (*see box below*).

## No-Cost Influenza Resources

### CDC—Flu Gallery:

<http://www.cdc.gov/flu/professionals/patiented.htm>

### Immunization Action Coalition:

<http://www.immunize.org/>

### American Lung Association's "Faces of Influenza" campaign:

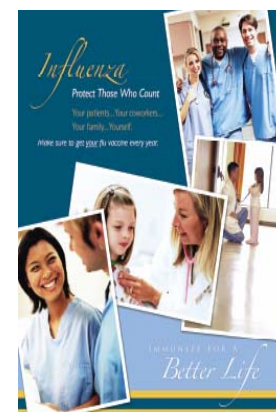
<http://www.lungusa.org>

### IDPH Flu Page:

<http://www.idph.state.ia.us/adper/flu.asp>

### IDPH Immunization Page:

<http://www.idph.state.ia.us/adper/immunization.asp>



# New ACIP Recommendations

The Advisory Committee on Immunization Practices (ACIP) met on June 27-28, 2007. The ACIP meets three times annually and provides recommendations to the Director of the CDC and the Secretary of the Department of Health and Human Services (HHS) concerning the prevention of vaccine-preventable diseases in the United States.

Following are summaries of key votes from the meeting. These recommendations become official when they are published in the Morbidity and Mortality Weekly Report (MMWR). To search for MMWRs go to:

<http://www.cdc.gov/mmwr/about.html>

**Meningococcal Conjugate Vaccine:** The ACIP voted to recommend that all persons 11 through 18 years of age should be vaccinated against meningococcal disease.

This recommendation would replace the current ACIP recommendation for routine vaccination with MCV4 of children 11 through 12 years of age,

adolescents before high school entry (approximately 15 years of age), and other people at increased risk (such as college freshmen living in dorms.) An estimated 1,400 to 2,800 cases of meningococcal disease occur in the United States annually.

**Hepatitis A Vaccine (for Post-Exposure Prophylaxis):** The ACIP voted to recommend the option of using hepatitis A vaccine instead of immune globulin (IG) after exposure to hepatitis A virus (HAV).

In deciding to use vaccine or IG, immunization providers should take into account patient characteristics associated with more severe manifestations of HAV, including older age and chronic liver disease. Also, the magnitude of the risk of HAV transmission from the exposure should be considered.

Generally, hepatitis A vaccine is preferred for healthy persons 12 months to 40 years of age, and IG for persons 40 years of age and older.

While rates of HAV have declined dramatically in the United States since 2000, the need for post-exposure prophylaxis remains.

## Adult Immunization Schedule:

The ACIP approved the new Adult Immunization Schedule (October 2007-September 2008) to reflect current recommendations for use of licensed vaccines in people 19 years of age and older. Changes include the addition of zoster vaccine to the schedule.

ACIP annually reviews the recommended Adult Immunization Schedule. This schedule is also approved by the American Academy of Family Physicians (AAFP), the American College of Obstetricians and Gynecologists (ACOG), and the American College of Physicians (ACP). Approximately 43,000 adults in the United States die each year from vaccine-preventable diseases.

*(Continued on Page 3)*

## SCHOOLS—Don't Forget to Sign Up for IRIS-CS!

The view-only version of IRIS, called the Immunization Registry Information System – Certificate Search (IRIS-CS), is now available.

IRIS-CS allows schools to search, view and print the Certificate of Immunization. Using IRIS-CS will provide schools with required immunization information without added work on behalf of school personnel, parents, and health care providers.



Enroll today! Visit the IRIS Web site to obtain the IRIS-CS enrollment form, computer requirements, and frequently asked questions about IRIS-CS at [www.idph.state.ia.us/adper/immunization\\_programs.asp#iris](http://www.idph.state.ia.us/adper/immunization_programs.asp#iris).

For IRIS-CS questions, please call the IRIS Help Desk at 1-800-374-3958.

## Vaccine University 2007



In November 2007, IDPH Immunization Program staff will be traveling throughout the state to an anticipated 16 sites to present Vaccine University.

This curriculum is designed to teach vaccine storage and handling, Iowa immunization law, and Iowa VFC Program requirements. Currently sessions are under construction; however, we expect that the training will be provided at no cost, half-day session, offering both nursing and certified medical assistant CEUs. Successful post-testing will entitle a participant to be certified as a "Vaccine University graduate".

As planning continues, information including locations, times, agendas, and registration information will be mailed to VFC providers and posted on our Web page: (<http://www.idph.state.ia.us/adper/immunization.asp>) Get ready for Vaccine University 2007!

## New ACIP Recommendations, Continued

**Prevention of Influenza:** A new report published in CDC's MMWR updates the 2006 influenza recommendations of the ACIP for prevention and control of influenza. Estimated vaccination coverage remains less than 50 percent among certain groups for whom routine annual vaccination is recommended, including young children and adults with risk factors for influenza complica-

tions, health-care workers (HCW), and pregnant women.

Strategies to improve vaccination coverage, including use of reminder/recall systems and standing orders programs, should be implemented or expanded. The 2007 recommendations to improve vaccination coverage include new and updated information (see *highlighted box*).

The full report and other information is available at CDC's influenza web-site ([www.cdc.gov/flu](http://www.cdc.gov/flu)). Updates or supplements to these recommendations (e.g., expanded age or risk group indications for currently licensed vaccines) might be required.

Immunization providers should check the CDC influenza Web site periodically for additional information.

**Strategies to improve vaccination coverage**, including use of reminder/recall systems and standing orders programs, should be implemented or expanded. The 2007 recommendations include new and updated information, specifically:

1. Reemphasizing the importance of administering 2 doses of vaccine to all children aged 6 months–8 years if they have not been vaccinated previously at any time with either live, attenuated influenza vaccine (for healthy children over 5 years of age; doses separated by >6 weeks) or trivalent inactivated influenza vaccine (doses separated by >4 weeks), with single annual doses in subsequent years.
2. Recommending that children aged 6 months–8 years who received only 1 dose in their first year of vaccination receive 2 doses the following year, with single annual doses in subsequent years.
3. Highlighting a previous recommendation that all persons, including school-aged children, who want to reduce the risk of becoming ill with influenza or of transmitting influenza to others should be vaccinated.
4. Emphasizing that immunization providers should offer influenza vaccine and schedule immunization clinics throughout the influenza season.
5. Recommending that health-care facilities consider the level of vaccination coverage among HCW to be one measure of a patient safety quality program and implement policies to encourage HCW vaccination (e.g., obtaining signed statements from HCW who decline influenza vaccination).
6. Using the 2007–2008 trivalent vaccine virus strains A/Solomon Islands/3/2006 (H1N1)-like (new for this season), A/Wisconsin/67/2005 (H3N2)-like, and B/Malaysia/2506/2004-like antigens.

## Travel Health and Immunizations

The CDC Yellow Book, entitled *CDC Health Information for International Travel 2008*, is now available online at <http://wwwn.cdc.gov/travel>

The Yellow Book, published every two years, is written primarily for health care providers. Hard copies of the Yellow Book are available for sale at most major bookstores or can be purchased online at [www.us.elsevierhealth.com/product.jsp?isbn=9780323048859](http://www.us.elsevierhealth.com/product.jsp?isbn=9780323048859).

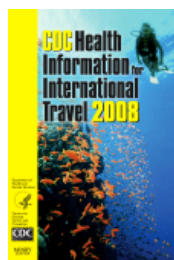
In addition, the CDC Travelers' Health Web site (above) has long

provided information, based on scientific studies, disease surveillance, and best practices, to assist travelers and their health care providers in deciding the vaccines, medications, and other measures necessary to prevent illness and injury during international travel.

In response to requests from users, the site has been updated to provide travel health information by country (destination). These new destination pages provide detailed information about disease

risks, including country-specific malaria recommendations and yellow fever vaccine recommendations and requirements for individual countries and destinations. In addition, every page on the site has a new printer-friendly option, allowing users to print pages in an easy-to-read format.

Please note that the URLs for the Travelers' Health Web pages have changed. Please visit the new Travelers Health site at <http://wwwn.cdc.gov/travel/default.aspx>.





# The Road to VMBIP

The Vaccine Management Business Improvement Project (VMBIP) represents efforts of the CDC and the National Center for Immunization and Respiratory Diseases (NCIRD) to improve current vaccine management processes at the federal, state, and local levels. The specific goals of VMBIP are to:

- Simplify processes for ordering, distributing, and managing vaccines in order to respond more quickly and effectively to public health crises related to disease outbreaks, vaccine shortages, and disruption of the vaccine supply.
- Implement a more efficient vaccine supply system that will result in redirecting vital public health resources away from vaccine distribution and toward public

health activities that will improve immunization coverage levels.

- Enable the direct delivery of vaccines to providers.

To achieve these goals the nation will transition to third party vaccine distribution for all vaccines purchased through the federal vaccine contracts.

In December 2007 Iowa will transition to a third party distributor, McKesson General Medical, to ship all vaccine. As part of the transition process, IDPH will begin to scale back its on-hand vaccine supply in late fall in preparation for the December "go live" date. Once this occurs, IDPH will no longer maintain or ship vaccines. McKesson General Medical will manage warehousing and distribution of all vaccines previously ordered through IDPH.

Currently, it is projected to take one week for McKesson to process and distribute vaccine orders.

Prior to implementing VMBIP in Iowa, one of the most important things providers can do is assess vaccine storage capacity. IDPH plans to survey Vaccines for Children (VFC) providers to obtain a clearer picture of storage capacity in the state. Once information on storage capacity is obtained it will be made available to McKesson for future use to determine vaccine ordering capacity and ordering frequency.

As this project moves forward, IDPH will continue to share progress on this exciting endeavor.

Please contact Don Callaghan at 1-800-831-6293, ext 1 with questions.



## IDPH Immunization Program Brochures Updated!

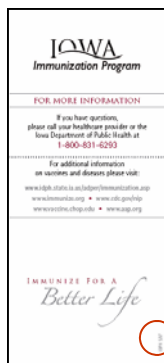
The Immunization Program has updated all the brochures with the *Immunize for a Better Life* theme. The revised brochures have a date of 05/07 on the back in light gray (see sample to the right).

Please take a moment to review your brochure supply and request the most current brochures for your clients. Remember that

we have influenza brochures and posters available too!

A complete list of Immunization Program materials is available on the Immunization Program Web page at [www.idph.state.ia.us/adper/common/pdf/immunization/literature\\_order\\_form.pdf](http://www.idph.state.ia.us/adper/common/pdf/immunization/literature_order_form.pdf). Materials may be ordered free of charge from the Health Protection Clearinghouse by:

1. Calling Toll Free 1-888-398-9696
2. Faxing your order form to (319) 861-2869
3. E-mail [clrhous@crlibrary.org](mailto:clrhous@crlibrary.org), or
4. Mailing the order form to: Health Protection Clearinghouse, 615 5th Street SE, Cedar Rapids, IA 52401



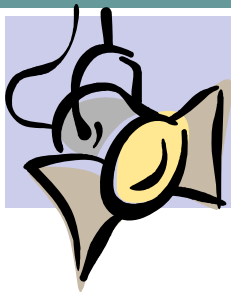
## 2007 Immunization

### Conference Summary:

Thank you to all the participants who helped to make the 2007 Immunization Conference: Immunize for a Better Life, a success!

We are proud to have hosted one of the largest immunization conferences in our region which included almost 700 participants from across Iowa and several neighboring states!

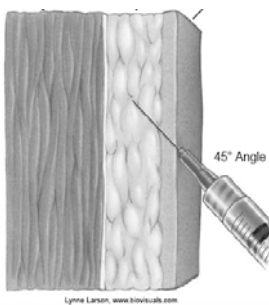
Planning has already begun for the 2009 conference and we hope to see you there. If you have any suggestions for the next statewide conference, please contact Bridget Konz at 1-800-831-6293 or [bkonz@idph.state.ia.us](mailto:bkonz@idph.state.ia.us).



# Spotlight Topic: Needle Length

Choosing needle length for immunizations is important. Vaccine must reach the desired tissue site for optimal immune response. Therefore, needle selection should be based upon the prescribed route, size of the individual, volume and viscosity of the vaccine, and injection technique.

**Subcutaneous** (Sub-Q or SC) injections are administered into the fatty tissue found below the dermis and above muscle tissue.



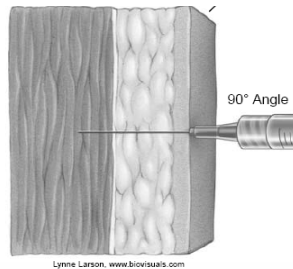
Subcutaneous tissue can be found all over the body. The usual sites for vaccine administration

are the thigh (for infants <12 months of age) and the upper outer triceps of the arm (for persons >12 months of age). If necessary, the upper outer triceps area can be used to administer subcutaneous injections to infants.

**Needle Gauge & Length:** 5/8-inch, 23 to 25 gauge needle is needed for Sub-Q injections.



**Intramuscular (IM)** injections are administered into muscle tissue below the dermis and subcutaneous tissue.



**Needle Gauge:** 22 to 25 gauge needle. For all intramuscular injections, the needle should be long enough to reach the muscle mass and prevent vaccine from seeping into subcutaneous tissue, but not so long as to involve underlying nerves, blood vessels, or bone.



**Infants (Younger Than 12 Months):** For the majority of infants, the anterolateral aspect of the thigh is the recommended site for injection because it provides a large muscle mass.

The muscles of the buttock have not been used for administration of vaccines in infants and children because of concern about potential injury to the sciatic nerve, which is well documented after injection of antimicrobial agents into the buttock.

Injection technique is the most important factor to ensure efficient intramuscular vaccine delivery. If the

subcutaneous and muscle tissue are bunched to minimize the chance of striking bone, a 1-inch needle is required to ensure intramuscular administration in infants. For the majority of infants, a 1-inch, 22-25-gauge needle is sufficient to penetrate muscle in an infant's thigh. For newborn (first 28 days of life) and premature infants, a 5/8 inch needle usually is adequate if the skin is stretched flat between thumb and forefinger and the needle inserted at a 90-degree angle to the skin.

**Toddlers and Older Children (12 Months through 10 Years):** The deltoid muscle should be used if the muscle mass is adequate. The needle size for deltoid site injections can range from 22 to 25 gauge and from 5/8 to 1 inch on the basis of the size of the muscle and the thickness of adipose tissue at the injection site.

A 5/8-inch needle is adequate only for the deltoid muscle and only if the skin is stretched flat between thumb and forefinger and the needle inserted at a 90° angle to the skin. For toddlers, the anterolateral thigh can be used, but the needle should be at least 1 inch in length.

**Adolescents and Adults (11 Years or Older):** For adults and adolescents, the deltoid muscle is recommended for routine intramuscular vaccinations. The anterolateral thigh also can be used.

For men and women weighing less than 130 lbs (60 kg) a 5/8-1 inch needle is sufficient to ensure intramuscular injection. For women weighing 130-200 lbs (60-90 kg) and men 130-260 lbs (60-118kg), a 1-1½-inch needle is needed. For women weighing more than 200 lbs (90 kg) or men weighing more than 260 lbs (118 kg), a 1½-inch needle is required.

# Adolescents and Tdap

In June 2005, the ACIP approved recommendations for the use of tetanus toxoid, reduced diphtheria toxoid and cellular pertussis vaccine (Tdap) in adolescents. These recommendations were published in March 2006 (MMWR 2006;55) <http://www.cdc.gov/mmwr/PDF/rr/rr5503.pdf>.

National distribution trends and purchases through the CDC contracts suggest that a significant proportion of tetanus toxoid, reduced diphtheria toxoid vaccine (Td) is being purchased for routine use in adolescents. **The information below serves as a reminder for the recommended use of Tdap vaccine in adolescents.** ACIP currently recommends:

- Adolescents aged 11 through 18 years should receive a single dose of Tdap instead of Td for the routine adolescent booster immunization, and
- Adolescents aged 11 through 18 years who received Td, but not Tdap, are encouraged to receive a single dose of Tdap to provide protection against pertussis. An interval of at least five years between Td and Tdap is encouraged to reduce the risk for local and systemic reactions after Tdap vaccination. However, an interval less than five years between Td and Tdap can be used.

Exceptions to the routine use of Tdap vaccine includes those who

have not completed the recommended childhood primary vaccination series with diphtheria and tetanus toxoids and whole cell pertussis vaccine (DTP)/ diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).

For those who require catch-up doses in this case, Tdap should be substituted for a single dose of Td and Td should be used for the other catch-up doses.

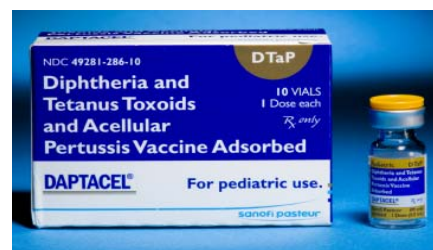
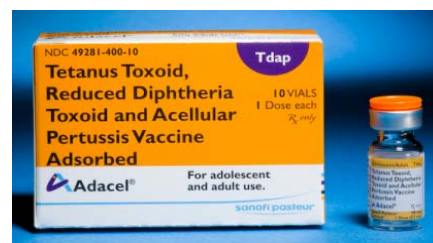
Also, Tdap is contraindicated for adolescents with a history of encephalopathy (e.g., coma or prolonged seizures) not attributable to an identifiable cause within seven days of administration of a vaccine with pertussis components. This contraindication is for the pertussis components and these persons should receive Td instead of Tdap.

For more information, please see the published recommendations <http://www.cdc.gov/mmwr/PDF/rr/rr5503.pdf>.

The IDPH Immunization Program continues to receive calls regarding administration errors between Tdap and DTaP. Recently sanofi pasteur changed the packaging of their pediatric pertussis vaccine and their adolescent and adult pertussis vaccine packaging.

Both ADACEL and DAPTACEL vaccine packaging have changed to reduce the possibility of confusing these two vaccines. Please note the following changes:

- **New package and label colors:** The new ADACEL vaccine tangerine color and DAPTACEL vaccine dark blue color packages and vial labels will clearly stand out in your refrigerators, reducing the chance of grabbing the wrong vaccine.
- **More distinct tabs on package:** In addition to the different package colors, the generic "Tdap" and "DTaP" package tabs have new colors that better differentiate the two packages.
- **Clear use descriptions next to package logos:** Each package identifies "For adolescent and adult use" next to the ADACEL vaccine logo or "For pediatric use" next to the DAPTACEL vaccine logo.
- **Product Logos:** Each package now contains the product logo for greater product differentiation.



## We Want to Hear From You!

Are there immunization related topics you want to know more about? Is there someone you think would enjoy reading this newsletter and is not on our mailing list? Please contact Bridget Konz at [bkonz@idph.state.ia.us](mailto:bkonz@idph.state.ia.us) with your article suggestions or to request newsletters. We want to hear from you!